Iowa State Savings Bank

Request for Gift or Donation

Name of Organization:	
Address:	
City, State, Zip:	
Telephone Number:	
Contact Person:	
Individual or Federal Tax ID Number	

Please describe your request .... (attach supporting documents as needed).

Does the organization have a current account relationship with the bank? ❍ Yes ❍ No

If yes, what type of account(s)? ❍ Checking ❍ Savings ❍ Loan ❍ Money Market ❍ Investment ❍ Certificate of Deposit ❍ Trust Services ❍ Other

Has the bank received this request in the past? ❍ Yes ❍ No If yes, approximately when? _____

What are the benefits to the individual or organization if this gift or donation is approved?

How will the bank be recognized for the gift or donation?

What are the benefits to our community if this gift or donation is approved?

Signature: Date of Application: Date funds needed:

Bank Use Only in this Section

Iowa State Savings Bank Authorized Signature: Date: